

**Washington Health Benefit Exchange
Consumer Assistance Program – Navigator Function**

Guiding Principles Draft

Background

The intent of the Navigator provisions in the Affordable Care Act (ACA) is to support an Exchange that provides consumers with a “no wrong door” access point to affordable health plans and public health programs. The Exchange is designed as a resource for all consumers, regardless of income or eligibility for public programs, subsidized coverage, or non-subsidized coverage.

Purpose

An objective of the Exchange is to increase the public’s awareness of the ACA and provisions that take effect on January 1, 2014. To be successful, Washington must establish a Consumer Assistance Program under the Exchange that uses multiple approaches to make information widely available to consumers.

The Exchange has the opportunity to utilize the flexibility granted in the ACA to develop a Consumer Assistance Program that includes a full spectrum of functions, including outreach, Navigators, health literacy, and the resolution of grievances. The Consumer Assistance Program must be designed to provide consumers with objective, accurate information to compare the options available through the Exchange. Plans available on the Exchange will include those for children, families, adults and small businesses (including self-employment).

One of the most critical components of the Exchange’s Consumer Assistance Program is the Navigator Program. Navigators have the potential to ensure Washingtonians can make informed decisions about health care coverage based on their needs and financial resources. To achieve this outcome, Navigators must have knowledge and skills that promote competency as well as credibility.

Navigator Functions

As outlined in the ACA, organizations serving as Navigators for the Exchange must meet the following requirements:

- Navigator organizations must meet the qualifications and criteria established and published by the Exchange to perform Navigator activities.
- Navigator organizations must assure that the provision of Navigator services does not represent a conflict of interest for the organization or any representative(s) of the organization.
- Navigator organizations must ensure that all Navigator representatives who work for the organization complete initial and continuing certification requirements and that representatives demonstrate the expertise needed to provide consumers with information that is complete, accurate, and impartial.

- To increase consumer access to services, Navigator organizations must have or be able to create collaborative relationships with other community organizations that have a role in providing health care services and coverage. Such a network will include, but not be limited to: employers and employer organizations, community-based social service or health providers, Chambers of Commerce, unions, Small Business Administrations, insurance agencies or brokers, government agencies, and other entities capable of supporting Navigator organizations in carrying out Navigator duties.

The principles outlined below represent Guiding Principles for Navigator organizations and representatives in providing consumer assistance services under the Exchange.

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1. Duty to the Consumer

Navigator organizations and representatives have a duty to put the health care coverage needs of each consumer first. They must perform their Navigator duties impartially within professionally accepted ethical standards. This includes:

- Providing all consumers with a clear and concise description of the services a Navigator can perform and how they are paid for those services.
- Presenting all information and options objectively, always refraining from “steering” a consumer toward or away from any particular plan or from facilitating enrollment in a QHP that is not in the consumer’s best interest.
- Accepting no financial or other benefit from a consumer’s enrollment in a particular qualified health plan.
- Avoiding actual conflicts of interest and the appearance of conflicts of interest.
- Handling protected health information in accordance with applicable privacy laws.
- Informing consumers that they may select or change navigators at any time.

2. Community and Consumer Trust

Navigator organizations must be trusted resources in the communities they serve. Navigator representatives must demonstrate expertise and cultural competency in assisting those they serve, including communities of color and vulnerable populations, low-income families, individuals who are not functionally literate or have low-English literacy, families or individuals with special health care needs, individuals with physical or mental disabilities, and individuals with substance-abuse issues. This is optimally achieved by:

- Having an established presence within the communities served, with an understanding of the communities’ strengths and needs.
- Being recognized by community members as credible and reputable voices.
- Referring consumers when appropriate to entities that assist with grievances, complaints, or questions about health plans, coverage, or eligibility determinations.
- Implementing procedures to ensure Navigator representatives are accountable.
- Recognizing the health disparities in health insurance coverage in our state and committing to reduce them.
 - Policy Committee recommended adoption of this bullet.
 - In addition, Policy Committee felt the Principles needed to be strengthened around the concept of equity. Committee felt the Principles could better reflect the Exchange’s overall objective to increase access to care,

particularly for populations that have not had access to care in the past or who face significant barriers.

3. Knowledge and Skills

Navigator representatives must possess the necessary knowledge and skills to deliver high quality services. This includes knowledge of qualified health plans and other public health programs and the competency to accurately explain relevant benefits, enrollment processes, and eligibility requirements. Navigator representatives must:

- Fulfill training and certification requirements established by HBE.
- Demonstrate cultural sensitivity and linguistic competence that reflects the communities served and promotes services to hard-to-reach populations.
- Demonstrate detailed, up-to-date knowledge of qualified health plans and public health programs, enrollment and eligibility processes, and tax credits and subsidies that are available through the Exchange.
- Refer consumers when appropriate to local, state and federal agencies that can offer assistance not available through the Exchange.

4. Timeliness and accuracy

Navigator organizations must provide accurate and up to date information for consumers. Navigator organizations must be able to nimbly and effectively inform communities and community members about changes that may have an impact on their health coverage.

5. Enduring Relationships

A trusted Navigator organization remains a resource to community members after the initial enrollment, including:

- Helping families as their circumstances change.
- Helping families interpret the complex language of healthcare.
- Providing assistance to consumers about how to use the health care services available under a selected plan, including prevention and wellness services.
- Providing information and assistance to help consumers stay insured.
- Connecting consumers to other resources within the healthcare system.
- Promoting health care homes.
 - Advisory Committee recommends against promoting one model of service over another. Health care delivery system is dynamic and new models are introduced all the time. They recommend deleting this bullet.
 - Advisory Committee discussed a Navigator's role in considering the holistic needs of a family, with the goal of facilitating enrollment for all family members. The Committee suggested a Navigator is in a unique position to understand the family's cultural and language needs, as well as other barriers they experience to accessing health services. (For TAC consideration -- may or may not belong in Enduring Relationships)

- Advisory Committee discussed the concept of health literacy and a Navigator's role in helping consumers select a primary health care provider and understand how to use their health care benefits. Committee asked NTAC to revisit current bullets in orange to decide whether this is adequate. (This will also be passed on to Plan Management Committee for consideration as part of network adequacy assessment.

6. Seamlessness

Navigator organizations may be part of a larger system of outreach that incorporates the full continuum of available health care plans. A highly functioning Navigator organization helps consumers traverse the healthcare system in a seamless fashion by:

- Partnering with state agencies and other public and private programs.
- Connecting consumers to services that fall within the full continuum of outreach and assistance, including the Ombudsman entities for health insurance in Washington State.
- Incorporating education about plans and enrollment, health literacy support and education, and grievances.
- Communicating and coordinating among all Navigator organizations to ensure high quality, consistent services across the state.

Other

- Policy Committee discussed In-Person Assistance. If additional funds are awarded, Policy Committee recommended broadening the scope of services to be provided under the umbrella of "Consumer Assistance," to include all the services provided by the Exchange that assist individuals to access the system.
- Also with addition of In-Person Assistance, Policy Committee suggested revisiting the activity and principle of "Influence
- Policy Committee would like to review after revised.